



Teeth Brightening Agreement and Consent

Client Information

Client Name:

Date of Birth:

Telephone:

Address:

City:

State/Prov.: Zip/Postal Code:

E-mail:

Referred By:

Medical History

Please indicate the following conditions by checking yes or no:

- | Yes | No | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Pregnant or Nursing (If yes, please ask for vegan whitening) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetic |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy (If so, you aren't eligible for the procedure due to the lighting used) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have: crowns, bridges, fillings, implants, partial dentures or any other oral surgery scheduled in the next 6 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any known allergies? If so, please indicate: |

Terms & Conditions

Please check mark to confirm you understand the following:

- ☐ There are no guarantees of the level of brightening which will occur as this varies by client. There will be a change, however we cannot guarantee the amount.
- ☐ Additional whitening sessions may be required to obtain the ultimate desired result.
- ☐ I have had the opportunity to ask questions regarding this procedure.
- ☐ I consent to the treatment and assume all responsibility for the risks described.
- ☐ Discolouration may appear post-procedure to cracks on previously damaged teeth. I understand that this is normal and generally disappears within 24-48 hours.

Consent

I, , understand and consent to the Teeth Brightening procedure performed by a certified Cosmetic Teeth Whitening professional at MelaBeauty.

Client/Guardian Signature: Date:

Technician Signature: Date: